



A division of MORAH PTY LTD  
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## **30 DAY CREDIT ACCOUNT APPLICATION**

PLEASE COMPLETE ALL INFORMATION

REGISTERED COMPANY NAME \_\_\_\_\_

TRADING NAME \_\_\_\_\_

ABN/ACN \_\_\_\_\_

REGISTERED ADDRESS \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ TIME IN BUSINESS \_\_\_\_\_

DIRECTORS/PARTNERS

ADDRESSES

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ACCOUNTS CONTACT \_\_\_\_\_ TEL \_\_\_\_\_ FAX \_\_\_\_\_

PURCHASING CONTACT \_\_\_\_\_ TEL \_\_\_\_\_ FAX \_\_\_\_\_

BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

TRADE REFERENCES – MAJOR SUPPLIES ONLY – NO C.O.D ACCOUNTS

1. \_\_\_\_\_ TEL \_\_\_\_\_ FAX \_\_\_\_\_

2. \_\_\_\_\_ TEL \_\_\_\_\_ FAX \_\_\_\_\_

3. \_\_\_\_\_ TEL \_\_\_\_\_ FAX \_\_\_\_\_

ESTIMATED MONTHLY PURCHASES \$ \_\_\_\_\_

This information is supplied for the sole purpose of obtaining a 30 day credit account. If an account is granted, I undertake to settle purchases within 30 days from the end of the month of invoicing.

Title to the goods purchased will not transfer until settlement is made in full. All credit claims must be made within 7 days of delivery.

I declare that all information supplied in this application form is true and correct and I am authorised to make this application on behalf of the company.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE